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THE GREAT YARMOUTH EDUCATION AUTHORITY

THE
ANNUAL REPORT
OF
The Principal
School Medical Officer
for 1954





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HARVEY AND SONS LTD WATTON NORFOLK

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Health Department,
Town Hall,
Great Yarmouth.

May, 1955.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the work of the School Health Service for 1954.

The report presents a picture of the health of the schoolchildren of Great Yarmouth as being on the whole very satisfactory. The general condition of the pupils at inspections was found to be good and the number of preventable defects relatively small.

In writing the report I have been led to contrast the present findings of medical officers with my recollection of those I found when I was first engaged in school medical inspection in another area some twenty years ago. It was then not uncommon to find the majority of children in a school infested with vermin of the head or body or both, and in some cases the infestation was so gross as to give rise to serious skin complications. The nutrition of a fair proportion of children was poor or very poor with, in some cases, evidence of rickets. School meals were then provided not as today, merely as an alternative to a meal at home, but in an effort to ensure that the child received at least one nutritious meal each day. Discharging ears, running noses, swollen glands, infected eyes and chest complaints were common, and heart disease resulting from rheumatic fever a frequent finding.

The improvement today is illustrated by the information contained in this report and, as supporting evidence, it may be worth pointing out that the hospital beds which cannot be kept reasonably filled in this area—and in many other parts of the country—are those provided for children and for infectious diseases. While it would be wrong to attribute the improvement entirely to the School Health Service, it has undoubtedly been one of the major contributors.

But let no one think that the work of the service is complete or nearly complete. I have no doubt, for example, that any relaxation by the School Nurses in their attack on head louse infestation would result in widespread infestation through the schools; nor do I doubt that the provision which the service makes for the early detection and treatment of defects prevents the development of more serious conditions. In addition, there are other health problems to be tackled. Mental ill-health in the community bids fair to displace physical ill-health as the main matter of concern and its seeds are commonly laid in childhood. The recording in this report of courses of training for young girls in parentcraft and of talks to parents on "the normal emotional development of the child" provide some indication that the service is looking forwards as well as backwards.

Previous reports have mentioned the unsatisfactory standard of posture among local children. This report refers to the two day course for teachers on the physical development of the school-child which was designed to stimulate local interest in this subject.

The report also contains details of the new measures introduced to prevent food poisoning by maintaining a high standard of hygiene in school kitchens. It is to be noted however that the local School Health Service has established a very good record in that no outbreaks of food poisoning have ever been traced to a school kitchen.

The School Dental Service had the benefit of a second dentist for the first time since 1948 when the provisions of the National Health Service Act led to the disruption of school dental staffs throughout the country. It was possible to carry out more dental inspections, and these revealed more fully the extent of the neglect of children's teeth during the period of shortage of staff.

Although at the end of the year we were again reduced to a staff of one dentist, prospects of recruitment were better and I am therefore glad to underline the appeal to parents which the Principal Dental Officer wishes to make for help in raising the dental health of the schoolchildren from the low level which at present exists. He deplores the number of children leaving school with active decay present in their teeth and asks parents to accept all advice and treatment offered at the schools and clinics and also to ensure that their children maintain a high standard of dental hygiene at home.

It is again a very great pleasure to record my sincere thanks for the consideration and encouragement I have received at your hands. I also pay a warm tribute to members of the staff of the School Health Service whose hard work and efficiency have made possible the promising results recorded in these pages.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

Principal School Medical Officer.

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

School Medical Officers :

J. P. J. BURNS, M.B., B.Ch., B.A.O., D.P.H. (resigned 15.3.54)

G. M. REYNOLDS, M.B., B.Ch., B.Sc., D.P.H. (from 1.7.54)

A. JOHNSTON, M.B., Ch.B.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

Ophthalmologist (part time) :

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Principal School Dental Officer :

W. NICHOLLS, L.D.S., R.C.S.

School Dental Officer :

M. M. ALFORD, L.D.S., R.C.S.I. (resigned 7.8.54)

Speech Therapist (part-time) :

D. BARBER, L.C.S.T.

School Nurses :

R. WHILEY, S.R.N. (full-time)

D. IRELAND, S.R.N. (full-time)

E. BURNELL, S.R.N., S.C.M., H.V.cert. (part-time)

M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

E. CHARMAN, S.R.N., S.C.M., H.V.cert. (part-time)

Chief Clerk :

J. SAUNDERS, A.C.C.S.

Senior Clerk :

L. C. BANHAM

Clinic Clerks :

E. COOPER

M. ROWLAND

Dental Clinic Attendant-Clerks :

R. NARRACOTT

B. BOYES

POPULATION AND SCHOOL ATTENDANCE

The Registrar-General's estimate of the mid-year population remained the same as last year at 51,300. The school population however continued to increase, due to the post-war increase in the birth rate. The report of the Education Committee to the County Borough Council has already pointed out that the number on the roll has risen by 2,700 in seven years and that it will rise a further 1,200 in the next five years.

The number on the registers for this year was 8,859 as compared with 8,385 last year, an increase of 474. The following table shows the average number on the register and the average attendance in the year ended 31st March 1954.

PRIMARY SCHOOLS

	Average on Accommodation	Average Registers	Average Attendance	Per cent
INFANTS :				
Alderman Swindell	280	259	230	89
Greenacre	240	169	153	91
Northgate	160	149	133	89
St. George's	200	200	176	88
Cobholm *	190	158	134	85
Edward Worlledge	120	130	113	87
Church Road	400	365	319	88
Peterhouse *	270	344	297	86
Stradbroke	200	229	207	88
Wroughton *	310	295	244	83
Herman	120	78	65	83
	—	—	—	—
	2490	2376	2071	87
	—	—	—	—

* including Nursery Class (30)

Primary Schools (continued)

	Accommodation	Average on Registers	Average Attendance	Average Per cent
JUNIORS :				
Greenacre	240	318	301	95
Nelson	240	236	220	93
North Denes	320	310	293	95
Northgate	120	115	106	92
Cobholm	200	161	154	96
Edward Worledge	160	184	172	93
Church Road	200	240	222	93
Stradbroke	400	411	388	94
Wroughton	480	488	459	94
Peterhouse	280	375	348	93
	—	—	—	—
	2640	2838	2663	94
	—	—	—	—

SECONDARY SCHOOLS

	Accommodation	Average on Registers	Average Attendance	Average Per cent
SECONDARY SCHOOLS				
Greenacre Boys'	240	173	164	95
Greenacre Girls'	240	162	152	94
Hospital	480	361	321	89
Alderman Leach	330	415	389	94
Gorleston Girls'	420	396	354	89
Technical	400	522	495	95
Grammar	360	339	323	95
High	360	346	329	95
	—	—	—	—
	2830	2714	2527	93
	—	—	—	—

VOLUNTARY SCHOOLS

	Average on Accommodation	Average Registers	Average Attendance	Average Per cent
St. Nicholas Boys'				
Senior	110)			
Junior	160)	307	292	95
St. Nicholas Girls'				
Senior	114)			
Junior	156)	264	248	94
St. Nicholas Infants'	120	123	105	85
St. Mary's R.C.				
Senior	90)			
Junior	80)	171	150	90
Infants'	72	59	49	83
	—	—	—	—
	902	924	844	91
	—	—	—	—

SCHOOL MEDICAL INSPECTION

There was no change in the general arrangements for school medical inspection. Pupils were examined in the three categories defined in last year's annual report and the extra examination of the vision of children at about the age of seven was maintained.

The School Medical Officers carried out "periodic" inspection of 2,176 pupils out of the total school population of 8,052, and also 1,405 other inspections. Parents were notified in advance of the examinations and were asked to attend at appointed times to avoid unnecessary waiting but, as the following table shows, the majority of the older children were unaccompanied :—

	Parents attending 1952	examinations 1953	1954
Entrants	97%	95%	96%
Intermediate	82%	82%	87%
Leavers	35%	37%	26%

Without the personal co-operation of the parents it is difficult to obtain full case histories or any assurance that the medical advice given will be followed. It is unfortunate that the parents of those children who are most in need of advice or attention are usually the ones who fail to attend.

“Re-inspection” of children found previously to be suffering from defects was maintained and accounted for 836 examinations by medical officers. Where necessary the children were referred for specialist treatment.

“Special” inspections were carried out of children not due for periodic inspection but in whose case parents, teachers or others requested such inspection.

Tests for colour vision, using the Ishihara charts, were carried out on boys of the third age group. It was not considered necessary to introduce the test for girls because colour blindness is so very rare among them.

The findings of the School Medical Officers in their inspections suggest that the health of the schoolchildren in the town is in general very satisfactory. The total number of defects discovered in the various categories was relatively small and many of those recorded were of minor importance. The Medical Officers’ estimate of the general condition of pupils also suggests a not unsatisfactory state of affairs.

While I am conscious of the danger of drawing any exact conclusions from statistics which depend to a great extent upon the personal assessment of various medical officers, yet I feel it a fair statement that if there were any serious or widespread ill health in the pupils then the statistical tables would be very different. Interesting confirmation of the relatively good health of the pupils, in a form which eliminates the personal factor, comes from one of the medical officers who recently carried out similar duties in another area, probably much more prosperous than Great Yarmouth but also more highly industrialised. Since taking up his duties here he has formed a strong impression that the incidence of defects in children presented to him for medical inspection is very much less than in the area where he worked previously.

The following tables give a statistical survey of the work and of the findings of inspection :—

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

PERIODIC MEDICAL INSPECTIONS

Number of inspections in the prescribed groups :—

Entrants	...	...	869
Junior leavers	...	...	719
Secondary leavers	...	...	588

Total	...	...	2176

OTHER INSPECTIONS

Special inspections	...	...	569
Re-inspections	...	...	836

Total	...	...	1405

PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Group	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	3	111	107
Second age group	95	77	162
Third age group	140	42	170
Other periodic inspections	—	—	—
	_____	_____	_____
Total	238	230	439
	_____	_____	_____

FINDINGS AT SCHOOL MEDICAL INSPECTIONS

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	32	4	8	3
Eyes :—				
Vision	238	102	93	4
Squint	30	12	4	—
Other	14	—	4	1
Ears :—				
Hearing	3	3	4	2
Otitis media	4	3	3	—
Other	21	2	1	1
Nose or throat	47	64	41	4
Speech	4	20	5	2
Cervical glands	2	8	1	—
Heart & Circulation	3	5	—	—
Lungs	7	26	5	31
Developmental :—				
Hernia	3	5	1	—
Other	4	19	—	2
Orthopædic :—				
Posture	4	13	1	1
Flat foot	6	10	5	—
Other	19	34	10	6
Nervous system :—				
Epilepsy	2	—	1	—
Other	2	6	2	1
Psychological :—				
Development	2	13	11	20
Stability	2	4	1	4
Other	19	11	33	4

GENERAL CONDITION OF PUPILS INSPECTED

Age groups	No. of pupils inspected	Good		Fair		Poor	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
Entrants	869	302	36	550	63	17	2
Second age group	719	270	38	433	60	16	2
Third age group	588	187	32	384	65	17	3
Other periodic inspections	—	—	—	—	—	—	—
Total	2176	759	35	1367	63	50	2

NOTE.—The terminology in this table is in accordance with Ministry of Education instructions but it should be noted that "Fair" does not indicate a subnormal classification.

HEIGHTS AND WEIGHTS

The following tables show the average heights and weights of three groups of children who were between certain age limits at the time of weighing. The age limits chosen were :—

- (1) Age 5 years 6 months—6 years.
- (2) Age 11 years—11 years 6 months.
- (3) Age 14 years 3 months—14 years 9 months.

It was felt that to include all children in an "inspection" age group or even within a 12 months age limit would provide too wide a scatter of figures, and for this reason a six months age limit was chosen.

FIRST AGE GROUP

	No. in group	Average age	Average height	Average weight
Girls	99	5 7/12	44.0 ins.	44.2 lbs.
Boys	119	5 8/12	44.1 ins.	45.2 lbs.

SECOND AGE GROUP

	No. in group	Average age	Average height	Average weight
Girls	187	11 2/12	54.4 ins.	76.4 lbs.
Boys	184	11 2/12	55.5 ins.	77.1 lbs.

THIRD AGE GROUP

	No. in group	Average age	Average height	Average weight
Girls	114	14 6/12	62.1 ins.	112.6 lbs.
Boys	119	14 6/12	62.2 ins.	107.8 lbs.

TREATMENT

CLINICS

The following are the school clinics in the area :—

Great Yarmouth School Clinic,
Middlegate Street.

Gorleston School Clinic,
Trafalgar Road East.

Clinic sessions with a medical officer in attendance were held at Great Yarmouth and Gorleston clinics on each school day and on prescribed days during school holidays. These clinics are primarily for the treatment of minor ailments and skin diseases, but in practice they are used for consultation on a great variety of diseases and defects, and pupils requiring special inspection may be sent there, preferably by appointment. Pupils requiring treatment beyond the scope of the clinic are referred to hospitals or to general practitioners.

The Ministry of Education tables in the following sections show the number of cases treated at the clinics and also, under the heading "otherwise", the numbers reported by the hospital authorities as having received treatment under arrangements made by them.

The total number of attendances at the authority's clinics for all purposes except errors of refraction was :—

Great Yarmouth	...	3465
Gorleston	...	2798
Total	...	6263

DISEASES OF THE SKIN (excluding uncleanliness)

The table at the end of this section shows the number of skin diseases treated.

Treatment of scalp ringworm by X-ray epilation was carried out at the Norfolk and Norwich Hospital; body ringworm was treated at the clinics.

No cases of scabies occurred during the year. Facilities for treatment were available at the school clinics.

The number of cases of impetigo showed an increase from 70 last year to 107 this year.

Among the 545 "other skin diseases" were 137 cases of warts treated with carbon dioxide snow or by other methods.

During the year the staff took part in a statistical survey of the incidence of warts in East Anglia, organised by the East Anglian Branch of the Society of Medical Officers of Health. It is understood that the results are to be published separately.

Number of defects treated or under treatment during the year

By the Authority Otherwise

Ringworm—scalp	—	6
body	4	12
Scabies	—	1
Impetigo	107	23
Other skin diseases	545	19
Total	656	61

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Conjunctivitis, blepharitis and other diseases of the eye within the scope of the clinics were treated there at the normal clinic sessions.

For defects of vision and squint special sessions were held once or twice a week as required at the Great Yarmouth clinic. The ophthalmologist was employed and paid by the Education Authority on a sessional basis, but the fees payable by the local Executive Council to the ophthalmologist for each examination were handed over to the authority. Glasses were provided through Executive Council arrangements but the Education Authority undertook financial responsibility for repair and replacement with standard frames in cases where a charge was made for these services.

The ophthalmologist reports good results in a number of cases of amblyopic eyes treated with glasses and occlusion of the good eye, and appeals for the full co-operation of parents in ensuring that the children carry out this form of treatment.

It is unfortunate that there is a considerable lack of discipline among schoolchildren with regard to wearing the glasses prescribed for them. Arrangements already exist for informing head teachers of the children in their schools for whom glasses have been prescribed. In response to a request from the department the head teachers have now agreed to report children who persistently fail to wear the glasses prescribed for them so that the department can follow them up.

	Number of cases dealt with	
	By the Authority	Other- wise
External and other, excluding errors of refraction and squint	109	9
Errors of refraction (including squint)	658	19
<hr/>	<hr/>	<hr/>
Total	767	28
<hr/>	<hr/>	<hr/>
Number of pupils for whom spectacles were:		
Prescribed	147	19
Obtained	144	19

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

This year showed a further fall in the numbers of children at the clinics requiring treatment for ear, nose and throat conditions. The figure fell from 215 to 137.

The number who had operative treatment at hospital for adenoids and tonsils was 310 as compared with 298 last year. The number referred by the School Health Service rose from 51 to 81.

	Number of cases treated	
	By the Authority	Other-wise
Received operative treatment:		
for diseases of the ear	—	6
for adenoids and chronic tonsillitis	—	310
for other nose and throat conditions	—	23
Received other forms of treatment	137	3
Total	137	342

ORTHOPAEDIC AND POSTURAL DEFECTS

The authority does not run its own orthopaedic service and schoolchildren requiring treatment were referred to the hospital. The special children's clinic previously run by the hospital at Melton Lodge remained closed and it seems unlikely that it will be reopened. Children were dealt with at the ordinary orthopaedic clinic at the General Hospital along with adults, but there is some hope that a special session for children will be established.

With a view to stimulating a local interest in the prevention of postural defects, a course was arranged for teachers on the physical development of the schoolchild. A further reference to this course is included under the section headed "Health Education".

Number treated as in-patients in hospitals	24
Number treated otherwise, e.g. in clinics or outpatient departments	266

CHILD GUIDANCE

The Child Guidance Clinic provided by the hospital authorities was held weekly at new and more satisfactory premises in Northgate Hospital. The psychiatrist in charge is assisted by a hospital educational psychologist and by a mental health worker from the Health Department who makes appointments and carries out social work in connection with patients. This arrangement ensures close co-operation between the clinic and the department, as does the frequent contact between the psychiatrist and School Medical Officers for discussion of particular cases. Full reports are received in the department on all schoolchildren attending the clinic.

In addition to dealing with maladjusted children, the clinic provides a consultant service in connection with educationally sub-normal or mentally defective children.

150 patients, of whom 34 were new cases, were dealt with at the clinic during the year.

SPEECH THERAPY

The Speech Therapist reports as follows :—

“The largest number of cases dealt with at the clinics are dyslalias and babyish speech. For these cases a great deal of practice and encouragement is needed. The Speech Therapist only sees each child once a week and so is dependent on the help of parents and teachers in carrying out exercises and treatment suggested.

Over the years several cases of partial mutism in children of 5 and 6 years, who have attended school for some terms have been found. These children are speaking normally at home but not at all within their school circle. Parents and teachers have assisted us in adapting the children to their new circle at school and in encouraging them to talk within that wider circle.

Cleft palate cases continue their treatment and one spastic has been added to the list of children whose speech defect is of physical origin.

During the last few months, a number of partially deaf children have been sent to the Speech Therapist for lip-reading. These children are taught to supplement their hearing of speech by lip-reading, and so to lessen the strain caused by their deafness. Some of them have already gained in confidence

and their general approach to school work and ordinary intercourse has considerably improved. The handicap of deafness, even of a small degree, seems to warp a child's personality very quickly, but lip-reading helps to break down the tendency to grow inwards and to live in a world inside himself. Work with Mr. Young at the Deafness Clinic at the Jenny Lind Hospital and with the technicians at the Hearing Aid Clinic at the West Norwich Hospital has helped to round off problems with several of these children.

Stammerers are the second largest group. Some stammerers have other nervous symptoms, such as tics, enuresis or skin conditions and the whole personality disturbance has to be dealt with as well as the speech symptoms. Sometimes unhappiness at home, or too great an effort at school will cause these nervous disturbances, and these have to be talked over with everyone dealing with the child before a general relaxation can be taught".

The following is a statistical summary of the work at the clinics :—

	Yarmouth Gorleston	
No. of cases treated	46	42
No. of attendances	304	293
No. of new cases	16	13
No. discharged with satisfactory speech	11	6
Left area	1	1
Defects treated:		
Stammering	17	17
Mutism	—	—
Cleft palate	5	3
Dyslalia	21	19
Deaf speech	1	—
Rhinolalia	1	3
Spastic speech	1	—

MINOR AILMENTS

These consist largely in the results of the minor accidents which the active child suffers—cuts, bruises, scratches, burns and sprains. One of the main values of the clinic is that it offers easily-available treatment and thereby prevents the condition developing to something more serious.

Number of cases treated :—		
By the authority	...	660
Otherwise	...	1068

HANDICAPPED PUPILS

An important function of the School Health Service is the early ascertainment of handicapped pupils and their suitable placing so that they may obtain the special educational treatment they require.

The local policy is to retain them in ordinary schools wherever possible and in this connection appreciation should be expressed of the readiness of the Education Committee to provide special transport when required and of the co-operation of the local teachers in making special arrangements in schools so that some very difficult cases can enjoy the benefits of education with their fellows in an ordinary school in their home town.

In cases where exclusion from a day school is unavoidable, admission to a residential special school is usually sought but there is still a considerable national shortage of places, especially for the educationally subnormal and the maladjusted pupils.

Home teaching is provided for pupils who are considered unsuitable for any type of school and for pupils awaiting places in residential special schools.

There are 75 pupils on the handicapped pupils' register. The several categories of handicapped pupils together with the local position regarding them is shown below :—

(a) Blind pupils—that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Classified—nil.

(b) Partially sighted pupils—that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Classified—8.

Recommended for residential special school—8.

Placed in residential special school—8.

The vision of one of these children improved to an extent which permitted him to be removed from this classification in December 1954 and thereafter he attended an ordinary school.

(c) Deaf pupils—that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Classified—8.

Recommended for residential special school—8.

Placed in residential special school—8.

(d) Partially deaf pupils—that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

Classified—nil.

(e) Educationally subnormal pupils—that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Classified—42.

Recommended for residential special school—11.

Placed in residential special school—4.

Recommended for day special school (for record purposes only, no such school available)—15.

Receiving special educational treatment in ordinary schools—38.

Five children in the educationally subnormal group who were approaching school leaving age were reported to the local health authority under section 57(5) of the Education Act 1944, as being in need of supervision after leaving school and were thereby brought under the care of the local health authority.

Three children were considered to be incapable of receiving education in school and were reported to the local health authority under section 57(3) of the Education Act 1944, and were similarly brought under the care of that authority.

(f) Epileptic pupils—that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary

schools without detriment to themselves or other pupils.

Classified—1.

Recommended for residential special school—1.

Placed in residential special school—1.

(g) Maladjusted pupils—that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Classified—6.

Recommended for residential special school or hostel—5.

Placed in residential special school—1.

Placed in independent residential special school—2.

Placed in residential hostel and being educated at ordinary school—2.

(h) Physically handicapped pupils—that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Classified—11.

Recommended for residential special school—5.

Placed in residential special school—5.

Receiving special educational treatment in hospital—1.

Receiving special educational treatment in an ordinary school—3.

Receiving home teaching—2.

(i) Pupils suffering from speech defect—that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Classified—nil.

It is to be noted that 88 children attended the Speech Therapy Clinic for speech defects but it was not considered necessary to bring any of them within the above definition.

(j) Delicate pupils—that is to say, pupils not falling under any other category in the Regulations, who by reason of impaired physical condition need a change of environment or cannot, with-

out risk to their health or educational development, be educated under the normal regime of ordinary schools.

Classified—nil.

HOME TEACHING

In addition to the two physically handicapped children recorded above as having received home teaching, five other children were educated in this way for a period during the year. The two who remain on home teaching are suffering from pseudo-hypertrophic muscular dystrophy. The diagnosis in the other five cases is shown below :—

Hepato-lenticular degeneration—later admitted to a residential special school.

Congenital meningocele—died from meningitis.

Spastic paraplegia—special arrangements made for education in an ordinary school.

Epilepsy—admitted to a residential special school.

Nephritis—returned to an ordinary school.

DIPHTHERIA IMMUNISATION

The number of children of school age immunised during the year rose compared with the previous year, but the position is still very unsatisfactory. Every effort is made to persuade parents to have their children immunised, and the co-operation of head teachers and staff in this matter is greatly appreciated, but despite this parents still do not seem to realise how serious the position would be should an outbreak of diphtheria occur. Although there has been no case in the borough since 1951, there occurred in the country as a whole last year 117 cases with 7 deaths. The disease is always liable to strike this town again and the only safeguard against a serious situation which might then arise is a high level of immunisation.

The following figures are a summary of the number of immunisations of children of school age carried out during the year :—

	1954	1953
First immunisation	80	55
“Booster” doses	642	449
Percentage immunised between 5 and 15 years	54.1 %	48.6 %

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious disease in children of school age during the year and in preceding years. With the exception of measles it will be seen that the general incidence of infectious diseases was very low.

Disease	1954	1953	1952	1951	1950
Scarlet fever	38	33	22	26	72
Diphtheria	—	—	—	1	1
Measles	328	30	835	10	50
Whooping cough	29	68	49	31	143
Pneumonia	2	3	4	2	2
Poliomyelitis	3	2	—	1	4
Dysentery	1	89	—	17	—
Encephalitis	3	—	—	1	—
Food poisoning	4	4	2	2	8

TUBERCULOSIS

INCIDENCE

There were three notifications of tuberculosis in children of school age—one pulmonary and two non-pulmonary. One of the non-pulmonary cases had erythema nodosum and the other infected glands of neck.

CONTROL

Every effort is made to trace the source of infection in all cases of tuberculosis.

The pulmonary case mentioned above was probably infected when visiting a house where there was a known open adult case.

In the case of erythema nodosum it was learned that the family occasionally had unpasteurised milk which might have been the source of infection. Samples of milk taken for biological examination however proved negative and the source of infection could not be definitely established. In the other non-pulmonary case no probable source of infection was found.

In addition to the three notified cases there was one case in a youth of 16, notified in the county of Norfolk but who attended the Great Yarmouth Technical College. Investigations in connection with this case included the examination at the Chest Clinic of 25 contacts (including instructors) at the Technical School. No case of active tuberculosis was however discovered.

I wish again to express the gratitude of the School Health Service to the Chest Physician and his staff for their ready co-operation and help in providing early information about new cases in schools, in following up contacts, and in examining and reporting on all cases referred to them.

During the year the Council considered Ministry of Health circular 22/53 which informed local authorities that the Ministry were prepared to approve proposals under the National Health Service Act to offer B.C.G. vaccination to schoolchildren during and, if possible, towards the end of the year preceding their fourteenth birthday. The Council decided that, in view of advice that research on B.C.G. was still proceeding and that its true value had not yet been fully established, they would not introduce a full scheme to "offer" the vaccine but that they would make B.C.G. "available" so that local children in the stated age group whose parents wished to have them vaccinated should not be deprived of it.

DEATHS OF SCHOOLCHILDREN

The following is a list of deaths, with causes, which occurred among children of school age :—

1. Girl aged 10 years.
Certified cause of death—1a. Acute leukaemia.
2. Boy aged 5 years.
Certified cause of death—1a. Meningitis.
b. Meningocele.
3. Boy aged 9 years.
Certified cause of death—1a. Respiratory failure.
b. Anterior poliomyelitis (spinal).

INFESTATION WITH VERMIN

School nurses carried out cleanliness surveys of all schools at the beginning of each term and re-inspections of pupils as required. When necessary, children were excluded from school and supplied with suitable insecticide from the Minor Ailments Clinics for use at home. Daily inspections of these children were then carried out and they were only allowed to return to school when clean.

The following is a statistical survey of the work :—

Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	24,977
Total number of individual pupils found to be infested	...	...	...	117
Number of individual pupils in respect of whom cleansing notices were issued (section 54(2), Education Act 1944)	...	...	...	—
Number of individual pupils in respect of whom cleansing orders were issued (section 54(3), Education Act 1944)	...	...	...	—
Informal letters to parents	...	...	...	89

The number of children found to be infested has decreased considerably as is shown by the following figures for the numbers of pupils found to be infested over the past five years :—

1950	224
1951	254
1952	191
1953	131
1954	117

As usual, it was largely the same children who were found to be infested at each examination. If powers existed to clean up the infestation in other members of their family it would be possible to eliminate this problem entirely.

SCHOOL DENTAL SERVICE

WALTER NICHOLLS, L.D.S., R.C.S., *Principal School Dental Officer*

The service continued to operate from the two permanent clinics situated at Middlegate Street, Great Yarmouth, and Trafalgar Road East, Gorleston.

The year was one of progress, the main feature being an increase in the amount of work done as a result of the services of an additional full-time Dental Officer at the Gorleston clinic for the first seven months of the year.

Routine dental inspections were carried out in more schools in the authority's area than in any other previous year and, as a result, there was a substantial decrease (by 54 per cent. as compared with 1953) in the number of children presenting themselves as emergency cases.

The defects found at the inspections required more attention than they did some years ago and three or even more visits were often required to make children dentally fit; the total number of attendances rose from 2,913 in 1953 to 5,813 in 1954.

Whilst judicious extractions of teeth to relieve overcrowding, to prevent irregularities, or to render the mouth healthy and useful, continued to be the general practice, special attention was paid to the preventive and restorative side of dentistry and in consequence all teeth which could be saved were filled. For every permanent tooth extracted, seven teeth were filled.

Twenty-six half days were spent in inspection and an average of 156 children per session inspected. In all 2,628 were referred from these inspections for treatment and approximately 86 per cent of them were treated at the clinics. Extractions numbered 507 permanent teeth and 2,285 temporary teeth, while 3,511 permanent and 195 temporary teeth were filled. Special application by parents for treatment of children was made in 655 cases. The average attendance per day was 15 of whom 6 received complete treatment.

During the year 42 children were supplied with orthodontic appliances and a number with oral screens; 21 partial dentures were made. Twelve orthodontic appliances and 7 partial dentures were repaired and 3 oral screens were replaced. The orthodontic branch of treatment was much appreciated both by children and parents and it is regrettable that more time cannot be devoted to it.

The teeth of 171 children were scaled and cleaned and 10 children were treated for severe gingivitis; 104 had silver nitrate applied to their temporary teeth and 918 temporary fillings were inserted in permanent teeth.

The service was sorry to lose the Assistant Dental Officer in August when she resigned for domestic reasons. For the successful carrying out of enlarged schemes of work it is vital that another full-time dentist be appointed and consideration was being given to this at the end of the year.

The following statistics give particulars of the work done during the year.

Number of pupils inspected by the authority's Dental Officers :—

Periodic age groups	...	...	...	4079
Specials	...	...	...	655
Total	...	...	...	4734

Number found to require treatment	...	...	...	2731
Number referred for treatment	...	...	...	2628
Number actually treated	...	...	...	2251
Attendances made by pupils for treatment	...	...	...	5853

Half-days devoted to :—

Inspection	...	...	...	...	26
Treatment	...	...	...	...	758
Total	...	...	...	...	784

Fillings :—

Permanent teeth	...	...	...	...	4046
Temporary teeth	...	...	...	...	193
Total	...	...	...	...	4239

Number of teeth filled :—

Permanent teeth	...	...	...	...	3511
Temporary teeth	...	...	...	...	190
Total	...	...	...	...	3701

Extractions :—					
Permanent teeth	...	...	...	...	507
Temporary teeth	...	...	...	...	2285
	—				
Total	...	...	...	...	2792
	—				
Administration of general anaesthetics for extractions					592
Other operations :—					
Permanent teeth	...	...	...	...	1193
Temporary teeth	...	...	...	...	104
	—				
Total	...	...	...	...	1297
	—				

PROVISION OF MILK AND MEALS

MILK

Milk was available daily for all children attending schools in the borough, and centres were open again at set hours during the summer holidays to enable children to have the supply continued. Under a scheme approved by the Ministry of Food, children unable to attend school owing to disability of mind or body are able to be supplied with one pint of milk a day at a reduced price. The scheme was operated throughout the year and several parents took advantage of it.

The daily average consumption of milk was 6,427 bottles and the total number supplied during the year was 1,240,345.

MEALS

Meals were again provided in all schools in the borough. Six of the schools have their own kitchen and for the remainder the food is cooked and distributed from a central kitchen or from a nearby school kitchen. Meals are supplied free of charge in necessitous cases. The following are the statistics of the meals supplied :—

Total meals supplied	...	510,954
Free	...	73,701
On payment	...	437,253
Daily average of meals	...	2,647
Free	...	382
On payment	...	2,265

EMPLOYMENT OF SCHOOLCHILDREN

Within four days of a child being employed the local authority must receive from the employer a written notification stating his name and address, the name, address and date of birth of the child, the occupation in which and the places at which the child is employed, and the times at which the employment begins and ends. A medical examination is then arranged and a certificate is issued, provided that the Medical Officer considers that such employment will not be prejudicial to the physical development of the child and will not render him unfit to receive proper benefit from his education.

The School Medical Officers examined 247 children to determine their fitness for employment.

YOUTH EMPLOYMENT

In 1954, 588 children left school and for each of these a confidential medical report was sent to the Youth Employment Officer to assist her in placing those children who required advice in suitable employment.

In the case of handicapped pupils, an additional and more detailed report was prepared and the Chief Welfare Officer was also informed so that he might continue to assist them after they ceased to be the responsibility of the School Health Service. These reports stated the nature of the defect, the degree of disability and, whenever possible, recommended the type of work for which the pupils were more suited.

MEDICAL EXAMINATION OF TEACHERS

The medical examination of entrants to courses of training for teaching and to the teaching profession continued to be made in accordance with the arrangements outlined in the Ministry of Education circular 249 of March 1952.

A total of 40 examinations took place during the year. Of these, 17 were of candidates about to enter training colleges and the remaining 23 were either of new entrants to the teaching pro-

fession or of teachers already in practice about to take up appointments with this authority.

In the case of new entrants to the profession, an X-ray examination of the chest was included as an essential part of the medical examination, and in the case of entrants to courses of training such an X-ray examination was made in individual cases where that appeared to be desirable.

HEALTH EDUCATION

Members of the staff gave talks on health matters to parent-teacher associations and use was made of a recently acquired film strip projector. Some of the talks were devoted to "Accidents in the Home" and others to "The Normal Emotional Development of the Child".

Extensive use was made of suitable posters and pamphlets, and medical officers and school nurses took advantage of their opportunities in schools and clinics to carry out health education on an individual basis.

Courses in parentcraft were also continued at three schools and, as in the past, visits by schoolchildren were paid to the Infant Welfare Centres on several occasions.

The Chief Education Officer in conjunction with Mr. L. J. Burrows, Her Majesty's Inspector of Schools for the district, arranged a two-day course for teachers during the Easter holidays on the physical development of the schoolchild. Tutorial arrangements were in the hands of specialist instructors of physical education, Miss H. V. Armstrong and Mr. I. B. Licence. The course, which was well attended, included talks and demonstrations. The contribution by the School Health Service was a talk on the importance of establishing good postural habits in childhood, not only in the interest of the child's present condition but also as a means of preventing a large amount of major and minor ill health and disability in later life. It was stressed that the place where these habits could be established was in the normal environment of the child, the home and the school, not in the orthopaedic clinic the function of which was to correct what had gone wrong.

SCHOOL HYGIENE

PREVENTION OF FOOD POISONING IN SCHOOLS

There were no outbreaks of food poisoning originating in school kitchens, and the excellent record of the School Meals Service over the years was thereby maintained.

The general arrangements for maintaining a high standard of hygiene were however reviewed following the receipt of Ministry of Education circular 272/54.

Arrangements were made for Sanitary Inspectors of the Health Department to inspect school kitchens at least once a term. A new set of rules for the hygiene of school kitchens was prepared and copies were distributed to members of the staff and exhibited in the kitchens.

After careful consideration it was decided that a routine medical inspection of staff, even if supported by bacteriological investigations, would not produce results commensurate with the work involved, and it was therefore decided to introduce instead a questionnaire to be filled in by all new members of the staff.

All sources of milk supplied to schools were approved by the Medical Officer of Health and only pasteurised milk was provided. Head teachers were reminded of the need to ensure that milk bottles were not exposed to contamination.

The following is a copy of the rules for hygiene in school kitchens :—

TO ALL STAFF AND NEW STAFF

In order to safeguard the health of the children who are supplied with school meals it is essential that every reasonable precaution against infection should be taken. The attention of all employees in the School Meals Service is particularly drawn to the following rules.

PERSONAL HYGIENE

1. Every worker who is ill in any way should report to the head of the kitchen before starting work. It is particularly important to report the following :—

- (a) Vomiting. Diarrhoea. Looseness of the bowels.
- (b) Sores, cuts or boils on the hands or face.
- (c) Boils in the nose. Discharging nose. Sore throat. Discharging ears.

(d) Contact with a case of food poisoning or infectious disease.

2. Before starting work the hands must be washed thoroughly with hot water and soap and the nails scrubbed with a brush, and this should be repeated each time after using the water closet.
3. Any cut or scratch on the hands or arms should be covered by a waterproof dressing.
4. The utmost care must be taken not to cough or sneeze over food.
5. Workers should always wear clean washable overalls completely covering their ordinary clothes, and a cap or headband which keeps the hair tidy and prevents hairs from falling into the food.

CARE OF FOOD

1. Fresh foods should be used as soon as possible after delivery but if this is not possible they should be protected from contamination by mice, rats and flies and kept at a low temperature (meat, fish, and dairy produce in a refrigerator).
2. Food which has been prepared for cooking or has been cooked and is not to be served immediately should not be left in a warm kitchen. It should be covered and kept in a refrigerator or cool larder.
3. Soups, stews, gravies and sauces should be made fresh each day but if it is necessary to prepare them in advance they should NEVER be allowed to cool in the container in which they have been cooked. They should be transferred to smaller containers and cooled quickly, before being placed in the refrigerator.
4. Left over meats, soups and gravies are frequent sources of food poisoning. If they have to be kept, they should be cooled quickly and put in the refrigerator. When used in made up dishes it is very important that they should be thoroughly re-heated.
5. Cream fillings for cakes, etc., are dangerous if not properly treated. They should never be touched by hand and only the cleanest of utensils should be used. The finished cakes, etc., should be covered immediately.
6. Food which does not appear to be perfectly wholesome should be reported immediately to the person in charge of the kitchen.

7. Food should not be washed or vegetables prepared in the sinks in which utensils are washed.

CARE OF EQUIPMENT AND PREMISES

1. Cleanliness of kitchens and dining rooms is of first importance. The inside and outside of all cooking equipment should be washed immediately after use, and the floors under and behind equipment cleaned regularly. Food particles left on equipment or floors attract flies, mice and beetles.
2. Containers used to carry food should be scalded thoroughly with boiling water in the double sink. It is not sufficient for the water to be merely hot.
3. Crockery and cutlery should always be washed in hot water with soap or suitable detergent and rinsed in very hot water. Where a rinsing sink is used crockery should be allowed to dry off in the air and should not be wiped with a tea towel. If utensils must be wiped there should be a fresh supply of clean tea towels daily.
4. Sinks and draining boards, drains and gulleys should be kept scrupulously clean. Dish cloths and floor cloths should be boiled each day.
5. Bins and pails for waste food should always be kept covered and should be washed out and sterilised regularly to prevent their becoming breeding grounds for flies.
6. Cats and dogs must not be allowed in the premises.

The following is a copy of the questionnaire which has to be filled in by all employees engaged for work in the school kitchens :—

GREAT YARMOUTH EDUCATION COMMITTEE SCHOOL MEALS SERVICE

All applicants for employment in the School Meals Service are required to answer the following questions for the information of the Medical Officer of Health. The questionnaire may be returned with your application form or, if you prefer, may be sent to the Medical Officer of Health at the Town Hall.

1. Is your general health good?
2. Have you ever been abroad?

If so give the names of any tropical diseases from which you have suffered

3. Have you ever suffered from	(a) Typhoid	.....
	(b) Paratyphoid	.....
	(c) Cholera	.....
	(d) Dysentery	.....
	(e) Worms	.....
4. Are you subject to attacks of diarrhoea?		.....
5. Do you suffer from frequent	(a) Sore throats	.....
	(b) Nasal catarrh	.....
6. Have you any skin disease?		.....
7. Do you suffer from boils?		.....
8. Have you ever suffered from tuberculosis?		.....
9. Have you a chronic cough?		.....

Signed..... Date.....
 Address.....

SANITARY IMPROVEMENTS IN SCHOOLS

Arrangements were made for Sanitary Inspectors to carry out a general inspection of the sanitary arrangements at schools in addition to their inspections at the school kitchens.

I am obliged to the Schools Architect for the following summary of the work done in improving sanitary accommodation in schools.

North Denes School—Wash-hand fountains and drinking fountains overhauled.

Alderman Swindell School—Drinking water tap removed from urinal.

Northgate Junior School—General overhaul of W.C. pans and flushing cisterns.

Northgate Infants' School—General overhaul of W.C. pans and flushing cisterns.

St. Andrew's School—General overhaul of W.C. pans and flushing cisterns.

St. Mary's R.C. School—New mains water supply and cold taps to girls' lavatories.

Hospital School—Provision of new shower baths and changing room. New W.C. pans in girls' toilets. New hot water supply to school meals scullery.

Greenacre Junior School—New drinking fountain. General overhaul of all flush cisterns and drains.

Nelson Junior and St. George's Infants' Schools—General overhaul of W.C. pans and flushing cisterns.

Grammar School—New drinking fountain. General overhaul of W.C. pans and flushing cisterns.

Cobholm Infants' School—Infant boys' lavatories—New glazed roof. New automatic cistern and sparge pipe and urinals overhauled, also W.C. pans and cisterns.

Technical College—New hand basins and hot water supply to students' cloak room. New W.C.'s, urinals, hand basin and hot water supply to staff cloakroom. New Head's W.C., hand-basin and hot water.

Church Road Infants' School—New hot water supply to hand-basins in corridor.

Church Road Junior School—New hot water supply to hand-basins in cloakroom.

Stradbroke Junior School—New staff lavatories with W.C.'s, hand-basins and hot water supply.

In all schools, drains have been cleared and cleaned where necessary and a general overhaul of W.C. pans, urinals, flushing cisterns and hand-basins and drinking fountains has taken place.

CO-ORDINATION

The standard of co-ordination between the School Health Service on the one hand and all other services which have to do with the health or welfare of children was fully maintained at a high level.

Reports are received from hospitals on all children admitted for treatment, and the paediatrician sends to the department full details of cases seen at his outpatients department. The information received is of the greatest assistance in ensuring a full follow-up, where required, and in maintaining a complete health record of each child.

As indicated earlier in the report, the Chest Clinic gives the fullest co-operation and the Child Guidance Clinic is organised in such a way that it is closely integrated with the department. Contacts with general practitioners over particular cases are increasing in frequency and are most helpful. Special reports are occasionally provided by the service for the Children's Officer on deprived children and for the Juvenile Court, when requested, in relation to individual children.



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